



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 9/23/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Sacrum right side sacroiliac joint fusion with instrumentation.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D. Board Certified in Orthopedic Surgery/ Fellowship Trained Spine Surgeon.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is female who sustained a work related injury in that eventually resulted in an L4 to S1 fusion in 2007. Since the surgery, it appears that the patient has been diagnosed with bilateral sacral-iliacitis, presumably due to adjacent segment disease. The diagnosis of sacral-iliacitis from the records appears to be based on the history and examination of multiple providers other than the requesting physician. Despite conservative care including therapy and SI joint injections, the patient continues to be symptomatic. Per the requesting physician's notes, the patient had received SI joint injections as well as PT with temporary relief. In reviewing the notes, it appears that numerous requests made to the workers compensation for SI injections as well as physical therapy have been denied prior to the request for the SI fusion. In addition, denials to perform an SI fusion from the previous examiners were based on ODG guidelines. However, the basis for denial was based on what appears to be two points in particular: failure of conservative care and failure of to document SI joint trauma. In reviewing the records, there appears to be a discrepancy between the requesting surgeon's documentation of failure of tried PT, and the denial of 18 sessions of PT made in early 2015. Finally, ODG guidelines do not limit SI fusion sole to patients with SI joint trauma.

ANALYSIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION AND EXPLANATION OF THE DECISION. INCLUDE CLINICAL BASIS,

Per ODG references the requested "Sacrum right side sacroiliac joint fusion with instrumentation" is medically necessary. In reviewing ODG guidelines for Sacroiliac bone fusion, two criteria in particular stand out: disabling pain due to sacraliliacitis and spondyloarthoropathy, and in conjunction with multi-segment spinal constructs. It appears this patient meets these criteria. There is documentation of the diagnosis of SI



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joint arthropathy dating back to 2012.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES